

State Charitable Giving Campaign - Special Event Form

2017

* Department Name: _____ * Team Number: _____
 * Location (Select one option): ☐ Lincoln ☐ Omaha ☐ Other: _____
 * Individual's Name Collecting Funds: _____ Phone: _____ *Date: ____ / ____ / ____

Special Event Summary	Total Amount
Check(s):	\$ _____
Cash:	\$ _____
* Special Event Total:	\$ _____

Report is enclosed (Check One): ☐ Yes ☐ No

NOTES: _____

***Items marked with an asterisk are required**

UW Rep: _____
 Date: _____

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